

September 13, 2005

**Re: Medicaid Disaster Relief for Victims of Hurricane Katrina**

Dear Dental Provider:

The purpose of this letter is to provide information regarding the provision of dental care services to citizens displaced to Virginia from the Hurricane Katrina devastated states of Alabama, Louisiana, and Mississippi. Many beneficiaries are being evacuated to neighboring states. Beginning Thursday, September 8, 2005, Virginia's National Guard facility, Fort Pickett, near Blackstone will serve as an intake/recovery center and short-term shelter for 1,000 Hurricane Katrina evacuees at a time. In addition, evacuees are being identified throughout the Commonwealth.

Because of hurricane damage, information on current health status or even verification of the person's status as a Medicaid beneficiary may not be available. Therefore, the Virginia Department of Medical Assistance Services (DMAS) and the Department of Social Services (DSS) are establishing an emergency Medicaid, "E-Medicaid," program to assure that individuals are enrolled in an expeditious manner, receive treatment and services, and providers are reimbursed for their services.

**PHILOSOPHY**

The Centers for Medicare & Medicaid Services (CMS) is allowing states that received persons displaced by the storm flexibility in normal operating procedures. DMAS is in agreement with the following:

- Normal prior authorization and out-of-network requirements will also be waived for enrollees of Medicare, Medicaid or SCHIP managed care plans;
- Certain HIPAA privacy requirements will be waived so that health care providers can talk to family members about a patient's condition even if that patient is unable to grant that permission to the provider.

**BENEFICIARY ENROLLMENT**

DSS will be available at Fort Pickett and at local offices to enroll evacuees directly into E-Medicaid. The E-Medicaid program will waive all normal procedures used to determine Medicaid eligibility and enrollment will be completed for beneficiaries from the impacted areas. Once enrolled, the beneficiaries will receive dental benefits under the E-Medicaid program and will not be enrolled into a managed care organization.

12121 North Corporate Parkway  
Mequon, WI 53092

Telephone 800.417.7140  
Facsimile 262.241.7366  
[www.doralusa.com](http://www.doralusa.com)

Once enrolled, the beneficiary will receive a Temporary Medicaid Eligibility Certification Letter (attached), which provides the verification of eligibility along with an E-Medicaid Identification number. Providers may use the information available in this letter to bill Doral for services provided. Only the individuals listed on the form are eligible to receive services. Providers should only accept the original copy of the form, which is printed on state or local DSS original letterhead and signed by the DSS worker. **Photocopies should not be accepted.**

For those evacuees who present at your offices for services and have not yet been enrolled into E-Medicaid, we ask that you provide them with the attached application and immediately fax the form to the DMAS Central Processing Unit (CPU) at 804-698-5645 or 804-698-5654 for immediate enrollment. You may follow up with the CPU by calling toll free to 866-873-2647. Please note that the CPU is available to answer questions regarding eligibility and cannot answer questions related to claims. Others identified, but not in need of immediate services, can be referred to the local DSS office for enrollment. **Services and treatment should not be withheld from these beneficiaries due to the lack of an ID number.**

### **DENTAL SERVICES**

Covered dental services include any medically necessary diagnostic, preventive, restorative, and surgical procedures, as well as orthodontic procedures, administered by, or under the direct supervision of a dentist. All services are covered for both children and adults, except braces. Braces are covered for beneficiaries under the age of 21 only. A list of the dental rates is attached.

DMAS is waiving the requirement of prior authorization of services to E-Medicaid enrollees. Transportation for beneficiaries is available through Logisticare by calling 1-866-386-8331. If you have questions regarding covered services, please contact Doral Customer Service at 1-888-912-3456.

### **PROVIDER ENROLLMENT**

- Providers currently enrolled in the *Smiles For Children* program are eligible to treat members who are part of the E-Medicaid program and do not need to provide any additional information.
- If you are not currently enrolled in the *Smiles For Children* program and are providing services or would like to provide services to E-Medicaid beneficiaries, simply include a copy of your valid, active license along with your claim. Doral will complete your provider enrollment at that time for the E-Medicaid program. You are under no obligation to remain a Medicaid provider and can cancel your participation at any time.
- Doral will honor and pay all valid dental claims.

## **REIMBURSEMENT**

Doral Dental, the Dental Benefits Administrator contracted by DMAS, will reimburse providers for the services rendered. Providers should file all claims with Doral. Claims must be submitted on ADA approved claims forms. The rates paid to providers will be based on the ***Smiles For Children*** Fee Schedule. These rates will be considered payment in full and providers may not balance bill beneficiaries for services received.

All claims for the E-Medicaid program must include:

- Member E-Medicaid number
- Member Name
- Member Date of Birth
- Clear indication in the remarks section of the claim form that the Member is part of the E-Medicaid Program

Claims should be mailed to the following address:

Doral Dental USA, LLC-VA Claims  
ATTN: Renee Washington  
12121 N. Corporate Parkway  
Mequon, WI 53092

## **DORAL DENTAL CALL CENTER**

If you have any questions regarding eligibility, claims status or dental services, please contact the Doral Dental Call Center at 1-888-912-3456. Doral has provider relations staff to answer any questions you may have regarding dental services to victims of Hurricane Katrina. The Doral Dental Call Center is available Monday through Friday from 8:00 a.m. to 6:00 p.m. (Eastern Time), except on state holidays.

Updated information about the Commonwealth's emergency relief activities, including Frequently Asked Questions, Beneficiary Enrollment Form, can be found at [www.dmas.virginia.gov](http://www.dmas.virginia.gov).

## **THANK YOU**

On behalf of Governor Mark R. Warner, Secretary of Health and Human Resources, Jane H. Woods, Director of the Department of Medical Assistance Services (DMAS), Patrick W. Finnerty, and Doral Dental USA, we appreciate your support of this program and the emergency relief efforts.

## **ATTACHMENTS:**

E-Medicaid Application and Instructions  
Sample E-Medicaid Certification Letter and Explanation  
E-Medicaid Information Sheet and Covered Services  
***Smiles For Children*** Fee Schedule

## **Instructions for Completion of E-Medicaid Application**

This form is to enable persons from Alabama, Louisiana and Mississippi who are in Virginia as a result of being displaced by Hurricane Katrina to apply for medical assistance. This form collects the only information needed to enroll individuals in E-Medicaid. There are no income or resource requirements for this program and no verification is required.

**Step 1.** Complete E-Medicaid application. Completed forms may be submitted to an authorized outstation site or a local department of social services. The information on your application will be used to enroll you in the E-Medicaid program.

**Step 2.** Once enrolled in E-Medicaid, you will be given an E-Medicaid Eligibility Certification form that contains the E-Medicaid Identification Numbers. This form allows you to access needed medical services and must be shown when you receive a medical service. Only the individuals listed on this form are authorized to receive services through the E-Medicaid program. The certification form must not be shared or photocopied.

If the certification form is lost, please contact the local department of social services to request a replacement.

***To ensure continued access to medical care, please report all changes of address to the local department of social services in the area where you live.***

Commonwealth of Virginia  
Emergency Medical Assistance Application (E-Medicaid)

For Official Use Only	
DATE RECEIVED _____	
FIPS _____	AID CATEGORY <u>919</u>

List the names of the persons in your family applying for Emergency Medical Assistance

Name	Date of Birth	Social Security Number (If Known)	Race	Sex	Have Medicaid/SCHIP in Previous State
1.					<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, State _____
2.					<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, State _____
3.					<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, State _____
4.					<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, State _____
5.					<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, State _____

Current Address in Virginia: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: VA Zip Code: \_\_\_\_\_

Address prior to Hurricane Katrina: \_\_\_\_\_

City/County/Parish: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I declare that the above named persons were displaced by Hurricane Katrina and are applying for Emergency Medical Assistance in Virginia. By signing my name below, I certify that all information I have given on this application is true and correct to the best of my knowledge and belief. I understand that anyone who gives false information or receives benefits for which he is not eligible, can be prosecuted for perjury, larceny and/or fraud.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ***E-Medicaid Certification***

### **Use of form**

To be used only for E-Medicaid enrollments. Department of Social Services Eligibility Workers must print the form on either their local agency letterhead or State Department of Social Services letterhead and have sufficient supply on hand to certify newly eligible recipients. The form is for individuals who must have immediate certification of their eligibility for Medicaid in order to access services that otherwise may not be available, such as transportation or pharmacy services. Providers should not accept photocopies of this form.

### **Local DSS Actions**

Upon determining that an enrollee is eligible for E-Medicaid and the enrollee needs the form in order to access medical care, worker prepares and signs the form. Typed signatures are not acceptable. The Supervisor or other designated authority co-signs. The original form is given to the E-Medicaid enrollee. Two copies are made.

**One copy is maintained at DSS, second copy is faxed to (804) 225-4393 as a control copy.**

### **E-Medicaid Enrollee Action**

Enrollee presents the form to the pharmacy, transportation provider or other Medicaid provider for confirmation of eligibility.

# SAMPLE

## Notice of Eligibility for E-Medicaid

DATE ISSUED \_\_\_\_\_

To whom it may concern:

This letter is to confirm that the following individual(s) have been found eligible for services under the E-Medicaid program.

NAME

SSN

E-MEDICAID ID #


This certification is good for up to six months from date of issuance. Please delay your billing to the Department of Medical Assistance Services until you can confirm that this ID number is active in the Medicaid Management Information System by contacting Medi-Call at 1-800-884-9730, or 1-800-772-9996.

Eligibility established by:

\_\_\_\_\_  
Local Department of Social Services  
Worker Name

\_\_\_\_\_  
Telephone Number

Confirmed by \_\_\_\_\_  
(Supervisor)

Local Department of Social Services: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

**Do not accept a photocopy of this certification as verification of eligibility.**

## **E-Medicaid Covered Services**

### **COVERED SERVICES**

- There are no co-payments or prior authorizations required for these services.

**Clinic Services** - Services provided in local Health Departments or other clinics.

**Community Mental Health and Mental Retardation Services** - Mental health and mental retardation services.

**Dental Care Services** - Services include diagnostic, preventive and primary services, as well as complex restorative dental services. Dentures, braces, and permanent crowns, are covered when medically necessary. Braces are limited to individuals under age 21.

**Durable Medical Supplies and Equipment** - Are covered as ordered by a physician as medically necessary. Included are ostomy supplies, oxygen and respiratory equipment and supplies, and home dialysis equipment and supplies.

**Family Planning Services** - Includes drugs, supplies, and devices provided under supervision of a doctor.

**Glucose Test Strips** - Blood glucose self-monitoring test strips are covered.

**Home Health Services** - Visits by a physical therapist, occupational therapist and speech and language therapist.

**Hospice Services** – Are covered for terminally ill patients expected to live no more than six-months.

**Hospital Emergency Room** - Emergency room treatment and services for life-threatening conditions are covered.

**Inpatient Hospital Care** - Medically necessary days of care are covered.

**Inpatient Psychiatric Hospital Services** - Are covered when medically necessary.

**Long-Term Care** - Persons in need of nursing facility care.

**Maternal and Infant Care Coordination/Expanded Prenatal Services**- Case management services for the high-risk pregnant woman or child. Homemaker services for pregnant women on physician-ordered bed rest, education classes, and nutrition services.

**Organ Transplants** – Kidney, cornea, heart, lung and liver transplants are covered. Bone marrow transplants are covered for individuals who have a diagnosis of lymphoma or breast cancer, leukemia or myeloma.

**Outpatient Hospital Care** – Services are covered in the doctor's office or for outpatient hospital clinic services.

**Physician's Services** – Doctor's services are covered for both in the hospital and in the doctor's office.

**Podiatry Services (foot care)** – Services are covered for medically necessary diagnostic, medical or surgical treatment of the foot.

**Prescription Drugs When Ordered by a Physician** - Prescription drugs are covered when prescribed by a doctor, excluding erectile dysfunction, treatment of infertility, cosmetic use and DESI drugs.

**Prosthetic Devices** – Are covered when medically necessary.

**Psychiatric or Psychological Services** - Are covered when medically necessary.

**Renal (Kidney) Dialysis Clinic Visits** – Are covered for end-stage renal disease.

**Rehabilitation Services** - Intensive rehabilitation services are covered when medically necessary. Inpatient services are covered in acute rehabilitation hospitals or units. Outpatient services include physical and occupational therapy and speech-language pathology. Outpatient settings include acute and rehabilitation hospitals, rehabilitation agencies, and school divisions.



**Transportation Services For Medical Treatment** – Emergency and Nonemergency transportation is covered.

**Vision Services** – Routine Eye Exams and Eye Glasses are covered.

## **SERVICES NOT COVERED**

Cosmetic services are not covered

PROC. CODE	DESCRIPTION	RATE
D0120	PERIODIC ORAL EVALUATION	20.15
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	24.83
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	31.31
D0210	INTRAORAL - COMPLETE SERIES (INCLUDING BITEWINGS)	71.91
D0220	INTRAORAL - PERIAPICAL FIRST FILM	11.18
D0230	INTRAORAL - PERIAPICAL, EACH	11.18
D0240	INTRAORAL - OCCLUSAL FILM	12.27
D0250	EXTRAORAL - FIRST FILM	47.19
D0260	EXTRAORAL FILE, ADDITIONAL	42.94
D0270	BITEWING, SINGLE FILM	11.18
D0272	BITEWINGS - TWO FILMS	20.15
D0274	BITEWINGS - FOUR FILMS	27.60
D0330	PANORAMIC FILM	53.99
D0340	CEPHALOMETRIC FILM	72.02
D0470	DIAGNOSTIC CASTS	52.15
D1110	PROPHYLAXIS - ADULT	47.19
D1120	PROPHYLAXIS - CHILD	33.52
D1203	TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED) - CHILD	20.79
D1204	TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED) - ADULT	20.79
D1351	SEALANT - PER TOOTH	32.28
D1510	SPACE MAINTAINER - FIXED - UNILATERAL	137.84
D1515	SPACE MAINTAINER - FIXED - BILATERAL	228.49
D1520	SPACE MAINTAINER - REMOVABLE - UNILATERAL	137.84
D1525	SPACE MAINTAINER - REMOVABLE - BILATERAL	228.49
D1550	RE-CEMENTATION OF SPACE MAINTAINER	53.40
D2140	AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT	59.38
D2150	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	75.53
D2160	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT	89.18
D2161	AMALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	100.36
D2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	74.28

D2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	89.18
D2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	115.27
D2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	132.66
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	158.38
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	74.28
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	89.18
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	115.27
D2394	RESIN BASED COMPOSITE, 4 OR MO	127.70
D2710	CROWN - RESIN (INDIRECT)	244.64
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	500.00
D2722	CROWN - RESIN WITH NOBLE METAL	500.00
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	500.00
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	500.00
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	500.00
D2792	CROWN - FULL CAST NOBLE METAL	500.00
D2794	CROWN - TITANIUM	500.00
D2915	RECEMENT POST AND CORE	43.46
D2920	RECEMENT CROWN	43.46
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	136.93
D2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH	136.93
D2932	PREFABRICATED RESIN CROWN	128.22
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	179.88
D2934	STAINLESS STEEL CR - ESTHETIC	179.88
D2940	SEDATIVE FILLING	40.98
D2950	CORE BUILDUP, INCLUDING ANY PINS	110.27
D2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	19.87
D2952	CAST POST AND CORE IN ADDITION TO CROWN	123.06
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	110.27
D2962	LABIAL VENEER (PORCELAIN LAMINATE) - LABORATORY	362.06
D3110	PULP CAP DIRECT	18.41
D3120	PULP CAP, INDIRECT	18.41

D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTI	83.19
D3221	GROSS PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	67.49
D3230	PULPAL THERAPY, ANTERIOR, PRIM	165.65
D3240	PULPAL THERAPY, POST-PRIMARY	208.59
D3310	ANTERIOR (EXCLUDING FINAL RESTORATION)	347.90
D3320	BICUSPID (EXCLUDING FINAL RESTORATION)	398.82
D3330	MOLAR (EXCLUDING FINAL RESTORATION)	513.07
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORAT	92.03
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE/CALCIFIC	61.35
D3353	APEXIFICATION/RECALCIFICATION - FINAL VST (INC COMPLETED ROOT CANAL THRPY - APICAL CLOSURE	404.91
D3410	APICOECTOMY/PERIRADICULAR SURGERY - ANTERIOR	278.17
D3421	APICOECTOMY/PERIRADICULAR SURGERY - BICUSPID (FIRST ROOT)	278.17
D3425	APICOECTOMY/PERIRADICULAR SURGERY - MOLAR (FIRST ROOT)	278.17
D3426	APICOECTOMY/PERIRADICULAR SURGERY (EACH ADDITIONAL ROOT)	122.70
D3430	RETROGRADE FILLING - PER ROOT	61.35
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER	340.26
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE TEETH, PER QUADRANT	200.00
D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR BOUN	527.77
D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE TEETH, PER QUADRANT	368.04
D4263	BONE GRAFT, 1ST SITE-QUADRANT	218.00
D4264	BONE GRAFT ADDTL SITE, QUAD	109.00
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	244.64
D4271	FREE SOFT TISSUE PROCEDURE (INCLUDING DONOR SITE SURGERY)	337.43
D4273	SUBEPITHELIAL SOFT TISSUE GRAF	398.71
D4320	PROVISIONAL SPLINTING - INTRACORONAL	146.52
D4321	PROVISIONAL SPLINTING - EXTRACORONAL	257.06

D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPAC	93.14
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	49.08
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS	19.57
D4910	PERIODONTAL MAINTENANCE	62.09
D5110	COMPLETE DENTURE - MAXILLARY	674.85
D5120	COMPLETE DENTURE - MANDIBULAR	674.85
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH	660.65
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET	660.65
D5213	AXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CO	742.34
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY	742.34
D5225	MAX PART DENTURE, FLEX. BASE	660.65
D5226	MAND PART DENTURE, FLEX BASE	660.65
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH)	273.99
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	32.28
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	32.28
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	19.87
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	19.87
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	83.19
D5520	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH)	68.29
D5610	REPAIR RESIN DENTURE BASE	83.19
D5620	REPAIR CAST FRAMEWORK	120.47
D5630	REPAIR OR REPLACE BROKEN CLASP	115.48
D5640	REPLACE BROKEN TEETH - PER TOOTH	109.27
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	95.63
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	115.48
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	202.39
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	202.39
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	103.06
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	103.06

D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	237.14
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	237.14
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	146.52
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	146.52
D5951	FEEDING AID	391.41
D6205	PONTIC, RESIN BASED	500.00
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	500.00
D6212	PONTIC - CAST NOBLE METAL	500.00
D6214	PONTIC, TITANIUM	500.00
D6241	PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	500.00
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	500.00
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	500.00
D6252	PONTIC - RESIN WITH NOBLE METAL	500.00
D6545	RETAINER - CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	293.56
D6710	CROWN, RESIN BASED	500.00
D6721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	500.00
D6722	CROWN - RESIN WITH NOBLE METAL	500.00
D6751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	500.00
D6752	CROWN - PORCELAIN FUSED TO NOBLE METAL	500.00
D6791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	500.00
D6792	CROWN - FULL CAST NOBLE METAL	500.00
D6794	CROWN, TITANIUM	500.00
D6930	RECEMENT FIXED PARTIAL DENTURE	63.33
D6970	CAST POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER	123.06
D6971	CAST POST AS PART OF FIXED PARTIAL DENTURE RETAINER	78.27
D6972	PREFABRICATED POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER	110.27
D6973	CORE BUILD UP FOR RETAINER, INCLUDING ANY PINS	110.27
D7111	CORONAL REMNANTS - DECIDUOUS TOOTH	18.41
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	63.36
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION OF MUCOPERIOSTEAL FLAP AND REMOVAL O	110.63

D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	125.42
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	190.00
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	221.04
D7241	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	245.40
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	113.01
D7260	OROANTRAL FISTULA CLOSURE	382.38
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	184.02
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	337.43
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	251.72
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	125.42
D7283	PLACEMENT, DEVICE TO AID ERUPT	42.94
D7285	BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)	81.95
D7286	BIOPSY OF ORAL TISSUE - SOFT (ALL OTHERS)	81.95
D7288	BRUSH BIOPSY	61.35
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	101.84
D7311	ALVEOLOPLASTY W/ EXT 1-3 TEETH	49.08
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	171.38
D7321	ALVEOLOPLASTY, W/O EXT	85.88
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	142.14
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	161.01
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	171.38
D7472	REMOVAL OF TORUS PALATINUS	245.40
D7473	REMOVAL OF TORUS MANDIBULARIS	171.38
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	171.38
D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	31.04
D7511	INCISION, DRAINAGE INTRA - COM	68.00
D7880	OCCCLUSAL ORTHOTIC DEVICE, BY REPORT"	391.41
D7960	FRENULECTOMY (FRENECTOMY OR FRENOTOMY) - SEPARATE PROCEDURE	340.26
D7963	FRENULOPLASTY	368.04
D7970	EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	163.90
D7971	EXCISION OF PERICORONAL GINGIVA	86.92

D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	163.90
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	331.57
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	331.57
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	331.57
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	IC
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	IC
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	IC
D8210	REMOVABLE APPLIANCE THERAPY	202.46
D8220	FIXED APPLIANCE THERAPY	245.88
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE - BY REPORT	IC
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURE	48.43
D9220	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 30 MINUTES	128.00
D9221	DEEP SEDATION/GENERAL ANES, AD	64.00
D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	33.74
D9241	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA - FIRST 30 MINUTES	110.00
D9242	INTRAVENOUS SEDATION/ANALGESIA - EACH ADDITIONAL 15 MINUTES	50.00
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	67.49
D9310	CONSULTATION (DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN PRACTITIONER	83.19
D9420	HOSPITAL CALL	64.56
D9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	32.28
D9610	THERAPEUTIC DRUG INJECTION, BY REPORT	19.87
D9630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT	19.87
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	32.28
D9920	BEHAVIOR MANAGEMENT, BY REPORT	68.50
D9930	TREATMENT OF COMPLICATIONS (POST-SURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	33.52
D9999	UNSPECIFIED PROCEDURE - BY REPORT	IC
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